			248339
STATE OF SOUTH CAROLINA	A)	BEFORE	-
(Caption of Case)	,	PUBLIC SERVICE	
ORDER APPROVING TAG MOI	BILE, LLC AS AN	OF SOUTH C	AROLINA
ELIGIBLE TELECOMMUNICA	,	COVERS	SHEET
)	COVER	
)))))	DOCKET NUMBER: 2012 -	<u>336</u> _ C
(Please type or print)	utions Inc	SC Bar Number:	
Submitted by: Compliance Solu	itions, inc.	Telephone: 407-260-	1011
Address: 740 Florida Central Pa	ırkway	Fax: 407-260-	
Suite 2028		Other:	
Longwood, FL 32750		Email: regulatory@csilongv	vood.com
NOTE: The cover sheet and information	contained herein neither replaces	nor supplements the filing and serv	ice of pleadings or other papers
as required by law. This form is required	d for use by the Public Service Co	mmission of South Carolina for the	purpose of docketing and must
be filled out completely.			
DOC	CKETING INFORMAT — Re	ITON (Check all that apply) quest for item to be placed on the	Commission's Agenda
Emergency Relief demanded in		peditiously	
▼ Other: TAG Mobile, LLC R	eport of Customer Deactivat	ions - 4th Quarter 2013	
INDUSTRY (Check one)	NATUR	E OF ACTION (Check all tha	at apply)
Electric	Affidavit	Letter	Request
Electric/Gas	Agreement	Memorandum	Request for Certification
Electric/Telecommunications	Answer	Motion	Request for Investigation
Electric/Water	Appellate Review	Objection	Resale Agreement
Electric/Water/Telecom.	Application	Petition	Resale Amendment
Electric/Water/Sewer	Brief	Petition for Reconsideration	Reservation Letter
Gas	Certificate	Petition for Rulemaking	Response
Railroad	Comments	Petition for Rule to Show Cause	Response to Discovery
Sewer	Complaint	Petition to Intervene	Return to Petition
─ Telecommunications	Consent Order	Petition to Intervene Out of Time	☐ Stipulation
Transportation	Discovery	Prefiled Testimony	Subpoena
Water	Exhibit	Promotion	☐ Tariff
Water/Sewer	Expedited Consideration	Proposed Order	Other:
Administrative Matter	Interconnection Agreement	Protest	
Other:	☐ Interconnection Amendment	Publisher's Affidavit	
	Late-Filed Exhibit	Report	
		Reset Form	



January 2, 2014

South Carolina Office of Regulatory Staff Telecommunications Division 1401 Main Street, Suite 900 Columbia, SC 29201

RE:

TAG Mobile, LLC Docket No. 2012-336-C — Order No. 2013-1 Compliance Filing - Quarterly Customer Deactivations 4Q2013

Dear Sirs:

Pursuant to Order Approving TAG Mobile, LLC as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-336-C — Order No. 2013-1 the South Caroline Public Service Commission ("Commission") designated TAG Mobile, LLC an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires TAG Mobile, LLC to submit a quarterly report to ORS demonstrating the number of Lifeline customers who have been deactivated by TAG Mobile during the quarter listing the reason for deactivation.

TAG Mobile, LLC respectfully submits the required data for the quarter October 2013 to December 2013 as shown in the chart below and due by January 15, 2014:

Period Covered	# Customers de- enrolled for 60 days or longer of inactivity	# Customers who did not pass the annual verification	# Customers that were voluntarily de-enrolled	TOTAL
October ~ December 2013	9751	0	49	9800
October -13	6298	0	7	6305
November -13	1726	0	23	1749
December -13	1726	0	18	1744

Respectfully submitted,

Mark Lammert, CPA Attorney-in-Fact

TAG Mobile, LLC

(Caption of	SOUTH CAROLINA Case) PPROVING TAG MOB TELECOMMUNICAT	SILE, LLC AS AN		BEFORE IC SERVICE OF SOUTH CA COVER SI 2012	COMMISSION AROLINA HEET
(Please type o	r print)	tions Inc	SC Bar Numb	er:	
Submitted	by: Compliance Solu	tions, inc.	Telephone:	407-260-1	011
Address:	740 Florida Central Pa	rkway	Fax:	407-260-1	033
	Suite 2028		Other:		
	Language EL 22750		Email: regul	atory@csilongw	ce of pleadings or other papers
☐ Emerg	ency Relief demanded in	Copy of FCC 497s filed	Request for item to expeditiously with USAC - 4th Qu	arter 2013	Commission's Agenda
INDUST	RY (Check one)	NA.	ATURE OF ACTION	N (Check all tha	at apply)
☐ Electric		Affidavit	Letter		Request
☐ Electric/6	Gas	Agreement	Memorandum	1	Request for Certification
☐ Electric/	Telecommunications	Answer	☐ Motion		Request for Investigation
Electric/	Water	Appellate Review	Objection		Resale Agreement
Electric/	Water/Telecom.	Application	Petition		Resale Amendment
Electric/	Water/Sewer	☐ Brief	\Box	Leconsideration	Reservation Letter
Gas		Certificate	Petition for R		Response to Discovery
Railroad		Comments	<u></u>	le to Show Cause	Response to Discovery Return to Petition
Sewer		Complaint	Petition to In		Stipulation
▼ Telecom	munications	Consent Order		ervene Out of Time	Subpoena
Transpor	rtation	Discovery	Prefiled Test	imony	☐ Tariff
☐ Water		Exhibit	Promotion	der	Other:
☐ Water/S		Expedited Considera		uei	
Adminis	trative Matter	☐ Interconnection Agre		Affidavit	
Other:		☐ Interconnection Ame	Report	**********	
		Print Form	Reset For	<mark>m</mark> > ∶	



January 2, 2014

South Carolina Office of Regulatory Staff Telecommunications Division 1401 Main Street, Suite 900 Columbia, SC 29201

RE: TAG Mobile, LLC Docket No. 2012-336-C – Order No. 2013-1 Compliance Filing - Copy of Form 497 4Q2013

Dear Sirs:

Pursuant to Order Approving TAG Mobile, LLC as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-336-C — Order No. 2013-1 the South Caroline Public Service Commission ("Commission") designated TAG Mobile, LLC an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires TAG Mobile, LLC to submit a copy of Form 497 filed with USAC.

TAG Mobile, LLC respectfully submits the required data for the quarter October 2013 to December 2013 and due by January 15, 2014.

Respectfully submitted,

Mark Lammert CPA Attorney-in-Fact

TAG Mobile, LLC

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider le	dentification Number	143035649		(2) Stu	dy Area Co	de <u>249022</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	уре (check one) Wireli	ne 📮	Wireless 🖸
(5) ETC Designation Type (C	check one): Lifelin	e Only 🔼	High	Cost/Low Income		
(6) Organization Information	1	<u> </u>	(7)	Filing Information	<u> </u>	
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	10/07/20	013
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Septemi	ber 2013
Mailing Address:	1330 Capital Pa	arkway	_ c)	Type of Filing (check one)		
					Original Revision	
	Carrollton, TX 7	'5006	d)	State Reporting	SOUTH	CAROLINA
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878]			
E-mail Address:	caitlyn.lumpkin(@cgminc.com				
Lifeline						
Lifelific		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	<u>oport</u>	
Receiving federal Li	feline Support	(8) 16478		x \$ <u>9.2</u>	5	= \$ <u>152422</u>
Tribal Low-Income Subscribers		(9) <u>O</u>		x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	iteline Support	To	otal F	not to exce ederal Lifeline Sup		ed (10) \$ 152422
Toll Limitation Service	es (TLS)					
		(11) 0.00000	nn			
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	('')	<u> </u>			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link IIn (Availab	la amb ta ETO = ma a a	ining High Cook or		Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availabi	ie only to ETCs rece	eiving High Cost su	ppor	i)		
Number of Connecti		(14) $\frac{0}{0.00}$		<u> </u>		
Charges Waived per	r Connection	(15) \$ <u>U.UU</u> (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
		,				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		Т	otal '	Гribal Link Up Sup _l	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 152422	Total TLS \$_0	•	Total	Tribal Link Up \$ <u>0</u>		_
				Total	Dollars (19) \$ 152422

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

OFFICER TITLE	OFFICER NAME		
President & CEO	Frank Del Col		
DATE	OFFICER SIGNATURE		
10/07/2013	Frank Del Col		

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	entification Number _	143035649		(2) Stud	dy Area Co	de <u>249022</u>
(3) Filer 499 ID 828932			rpe (d	check one) Wirelin	ne 🔲	Wireless 🖸
				Cost/Low Income		
(5) ETC Designation Type (C	neck one).	· · · · · · · · · · · · · · · · · · ·	_	Filing Information		
(6) Organization Information			(<i>i</i>)	Submission Date	11/06/2	013
Company Legal Name:	TAG Mobile LLC	<i></i>	Ļ		Octobe	
Contact Name:	Caitlyn Lumpkin		b)	Data Month Type of Filing	Octobe	1 2013
Mailing Address:	1330 Capital Par	rkway	c) 	(check one)	Original	7
					Revision	
	Carrollton, TX 75	5006	d)	State Reporting	SOUTH	CAROLINA
Telephone Number:	678-389-6024		4			
Fax Number:	770-594-3878		-			
E-mail Address:	caitlyn.lumpkin@	gcgminc.com]			
Lifeline		(a) # Lifeline Subs <u>cribers</u>		(b) Lifeline Su <u>l</u> Subscriber Su	pport/ pport	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	(8) 14948		x \$9.2	25	= \$ <u>138269</u>
Receiving federal L Tribal Low-Income Subscrik Receiving federal L	oers	(9) 0	otal	x \$ 0.00	eed \$34.25)	= \$ 0 ned (10) \$ 138269
Toll Limitation Service	ces (TLS)					
Cost of Providing 1 (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2 i	(11) in 2013) 0.0000	00			
Number of TLS Sul	bscribers	(12) <u>0</u>		 Total TLS Sup	port Claim	ed (13) \$ <u>0</u>
Tribal Link Up (Availai	ble only to ETCs rece	eiving High Cost s	uppc		F • · · · · · · · · · · · · · · · · · ·	` ,
Number of Connec Charges Waived p		(14) $\frac{0}{0.00}$ (not to exceed \$100)		(for multiple rate	es, use an av	erage amount)
Total Connection (Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Tota	l Tribal Link Up Su	pport Clair	med (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 138269	Total TI C & ()		Tot	al Tribal Link Up \$	0	
Total Lifeline \$_150209_	TOTAL ILS \$_S					(19) \$ 138269

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

OFFICER TITLE	OFFICER NAME	- dented obane
President & OLO	ACTION NAME	
President & CEO	Frank Del Col	
DATE	OFFICER SIGNATURE	
11/06/2013	Frank Del Col	

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service support reimbursements in a services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a service fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143035649		(2) Stu	dy Area Co	de <u>249022</u>
(3) Filer 499 ID <u>828932</u>		(4) Technolog	y Type (check one) Wireli	ine 🔲	Wireless 🗸
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛂	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	12/09/2	013
Contact Name:	Caitlyn Lumpkir	າ	b)		Novem	ber 2013
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		_
					Original Revision	
	Carrollton, TX 7	' 5006	d)	State Reporting	SOUTH	CAROLINA
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin@	@cgminc.con	n			
Lifeline						
		(a) # Lifeline Subscribe <u>rs</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 13946		x \$ 9.2		= \$ 129001
-		(9) <u>0</u>		x \$ 0.00		= \$ 0
Tribal Low-Income Subscrib Receiving federal Li		(9)		(not to exce	eed \$34.25)	
			Total F	ederal Lifeline Sup	pport Claim	ed (10) \$ <u>129001</u>
Toll Limitation Service	es (TLS)					
		0.000	2000			
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.000</u> in 2013)	0000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cos	t suppo	t)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$1		(for multiple rates	s, use an aver	age amount)
		(not to exceed \$	100)			
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 129001	Total TLS \$_0		Total	Tribal Link Up \$ <u>C</u>)	
				Tota	ıl Dollars (1	9) \$ 129001

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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12/09/2013	Frank Del Col		
DATE	OFFICER SIGNATURE		
President & CEO	Frank Del Col		
OFFICER TITLE	OFFICER NAME		

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